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CONFIRMATION NO. 1002

<b>SERIAL NUMBER</b> 10/707,003	<b>FILING OR 371(c) DATE</b> 10/30/2003 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> 050992.0300.10USCP
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/457,788 03/27/2003 ABN  
 and is a CON of 10/604,984 08/29/2003  
 and is a CIP of 10/303,778 11/26/2002 ABN  
 and is a CIP of 10/310,188 12/05/2002 ABN  
 and claims benefit of 60/441,241 01/17/2003  
 and is a CIP of 10/604,945 08/27/2003 \*  
 and is a CIP of 10/604,942 08/28/2003 \*  
 and is a CIP of 10/604,943 08/28/2003  
 and is a CIP of 10/604,944 08/28/2003 PAT 7,217,807  
 and is a CIP of 10/605,838 10/30/2003 ABN  
 and is a CIP of 10/605,840 10/30/2003 ABN  
 (\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

37808

## TITLE

HCMV-RELATED NUCLEIC ACIDS AND MICRORNA

<b>FILING FEE RECEIVED</b> 1845	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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